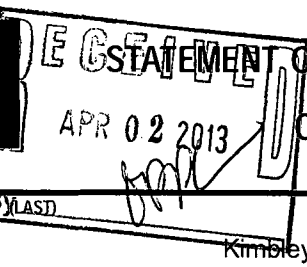




CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT



STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

CITY OF SALINAS
Date Received
Official Use Only
MAR 28 2013
CITY CLERKS OFFICE

Please type or print in ink.

NAME OF FILER: Craig Kimbley
(LAST) (FIRST) (MIDDLE)

1. Office, Agency, or Court

Agency Name: City of Salinas
Division, Board, Department, District, if applicable: City Council
Your Position: Councilmember

► If filing for multiple positions, list below or on an attachment.

Agency: TAMC Position: Board Member

2. Jurisdiction of Office (Check at least one box)

☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County ☒ County of Monterey
☒ City of Salinas ☐ Other

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2012, through December 31, 2012.
-or- The period covered is ____/____/____, through December 31, 2012.
☐ **Assuming Office:** Date assumed ____/____/____
☐ **Leaving Office:** Date Left ____/____/____ (Check one)
○ The period covered is January 1, 2012, through the date of leaving office.
○ The period covered is ____/____/____, through the date of leaving office.
☐ **Candidate:** Election year ____ and office sought, if different than Part 1: ____

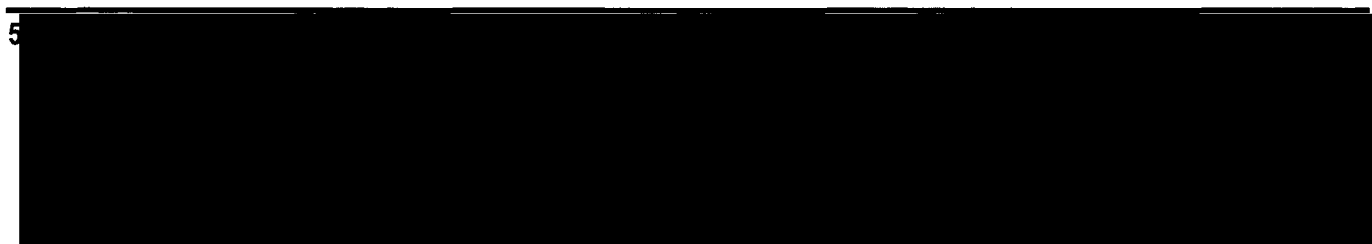
4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

☐ Schedule A-1 - Investments - schedule attached
☒ Schedule A-2 - Investments - schedule attached
☐ Schedule B - Real Property - schedule attached
☒ Schedule C - Income, Loans, & Business Positions - schedule attached
☒ Schedule D - Income - Gifts - schedule attached
☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-
☐ None - No reportable interests on any schedule



herein and in any attached schedules is true and complete. I acknowledge that the information provided is true and complete.
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and complete.

Date Signed: 3-28-13
(month, day, year)

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____

► **1. BUSINESS ENTITY OR TRUST**

K. Craig Media

Name _____

P.O. Box 1191, Monterey, CA 93940

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Media Buyer

FAIR MARKET VALUE

☐ \$0 - \$1,999

☐ \$2,000 - \$10,000

☒ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/ **12**

ACQUIRED

____/____/ **12**

DISPOSED

NATURE OF INVESTMENT

☐ Partnership

☒ Sole Proprietorship

☐ _____

Other

YOUR BUSINESS POSITION Owner

► **1. BUSINESS ENTITY OR TRUST**

Name _____

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

☐ \$0 - \$1,999

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/ **12**

ACQUIRED

____/____/ **12**

DISPOSED

NATURE OF INVESTMENT

☐ Partnership

☐ Sole Proprietorship

☐ _____

Other

YOUR BUSINESS POSITION _____

► **2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

☐ \$0 - \$499

☒ \$10,001 - \$100,000

☐ \$500 - \$1,000

☐ OVER \$100,000

☐ \$1,001 - \$10,000

► **2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

☐ \$0 - \$499

☐ \$10,001 - \$100,000

☐ \$500 - \$1,000

☐ OVER \$100,000

☐ \$1,001 - \$10,000

► **3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

☐ None

CHOMP, Tri-County Business Systems

► **3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

☐ None

► **4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/ **12**

ACQUIRED

____/____/ **12**

DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold

Yrs. remaining

☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

► **4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/ **12**

ACQUIRED

____/____/ **12**

DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold

Yrs. remaining

☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

K. Craig Media

ADDRESS (Business Address Acceptable)

P.O. Box 1191, Monterey, CA 93940

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Media Buyer

YOUR BUSINESS POSITION

Owner

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☒ Other Net Profits

(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____ _____
--

► NAME OF SOURCE *(Not an Acronym)*
 Salinas Valley Chamber of Commerce

ADDRESS *(Business Address Acceptable)*
 119 E. Alisal Street, Salinas

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Commerce

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 08 / 12	\$ 175.00	Chamber Roast Ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____